Issues in the First Year

participant materials
supportive housing training series

Issues in the First Year

Participant Materials

Developed by Center for Urban Community Services

Issues in the First Year is part of the Supportive Housing Training Series. This training series currently includes eleven curricula providing best practices and guidance on supportive housing development, operation and services.

The full series is available for downloading from the Department of Housing and Urban Development website.

For more information:
U.S. Department of Housing and Urban Development: www.hud.gov
Center for Urban Community Services: www.cucs.org
Corporation for Supportive Housing: www.csh.org

ISSUES IN THE FIRST YEAR: LIST OF HANDOUTS

1. Milestones and Issues in the First Year

2. Preparing for the First Year of Opening a Supportive Residence

3. Understanding the Impact of Homelessness

4. Psychiatric Decompensation and Relapse

5. Housing Skills & Supports Checklist

6. Supports Needed in Housing

7. Engagement Strategies

8. Case Examples — Reactions to Move In

9. Supportive Services Planning Worksheet: Menu of Services Available to Residents

10. Program Goal Considerations

11. Translating Goals into Services: Practice Exercise

12. Developing Policies and Procedures: A Guideline for Supportive Housing Providers

13. Sample Core House Rules for Supportive Housing

14. Tips for Designing House Rules in Supportive Housing

15. Tips for Starting a House Rules Committee

16. Intake Considerations

17. Housing Intake: Interview and Assessment Areas

18. Common Obstacles to a Smooth Intake Process

19. Housing Intake: Case Examples

20. Supportive Services Planning Worksheet: Service Approach & Staffing Patterns

21. Steps to Developing Effective Communication Structures

22. Anticipate and Plan for Common Problems that Arise in the First Year of Opening a Residence

DEVELOPING SERVICES IN SUPPORTIVE HOUSING:
MILESTONES & ISSUES IN THE FIRST YEAR

ACTIVITY	SUGGESTED TIMELINE	TARGET DATE
• Finalize Program Goals, Service Philosophy, Mission Statement, Tenant Profile, etc.	Prior to construction	
• Translate Goals into Specific Menu of Services	6 mos. before rent up	
• Determine Staffing Pattern (supervision, administrative support)	6 mos. before rent up	
• Write Final Version of Service Plan	3 mos. before rent up	
• Hire Staff	3 mos. before rent up	
• Finalize Agreements with Partners	3 mos. before rent up	
• Develop Tenant Selection Policies and Procedures	3 mos. before rent up	
• Outreach to Referral Sources	3 mos. before rent up	
• Begin Tenant Rent Up	1 mos. before move in	
• Develop Core House Rules	1 mos. before move in	
• Anticipate Reactions to Move In Stress And Develop Coping Strategies	Ongoing	
• Assist Tenant Move In & Orientation	Ongoing	
• Outreach & Engage New Tenants	Ongoing	
• Facilitate Tenant Involvement in ❑ Developing house rules ❑ Designing & evaluating services	Ongoing	
• Assist in the Transition to Permanent Housing ❑ Establish Linkages with Providers ❑ Develop Individual Service Plans ❑ Tour the Neighborhood	Ongoing	

PREPARING FOR THE FIRST YEAR OF OPENING A SUPPORTIVE RESIDENCE

It is important for providers to prepare in advance for the first year of opening a supportive residence in order to maintain a stable and successful housing project. This handout highlights areas for consideration during this busy period.

★ **Clarify Expectations of Tenancy**
- Invite residents to meetings and describe behavioral expectations.
- Ask for resident feedback and support in creating the environment envisioned.
- Encourage residents to discuss their expectations of the service program.

★ **Develop a Strong Interview Process**
- Develop a system and process for conducting interviews and accepting tenants into the building.
- Provide training for staff and residents who will conduct interviews.

★ **Plan For Psychiatric Decompensation, Relapse, and Emergency Situations**
- Develop policies and procedures for emergency and crisis situations. Include who will be on call, when 9ll will be contacted, etc.
- Provide structures that help create a supportive and stable environment. This includes quiet spaces, opportunities for sober recreation, access to treatment services and support groups.

★ **Provide Continuity Of Services**
- Establish program linkages for individuals prior to move in whenever possible.
- Arrange for referring programs to keep in contact with tenants as needed to reduce stress.

★ **Pay Attention To Tension Times & Centers**
- Locate and acknowledge tension centers such as the TV room, mailbox area, public phone area.
- Increase staff presence in these areas and/or develop procedures for minimizing stress.

★ **Establish Clear Policies and Procedures**
- Ensure that staff and tenants know what is expected of them and how to handle situations that are likely to arise.
- Develop a policy and procedure manual with written instructions for dealing with various situations.

★ **Give New Tenants a Welcome Packet**
- Include information about where things are located, who to call for what, and when and where to pay rent.
- Involve tenants in developing and distributing these packets.

★ **Clarify Staff Roles**
- Provide all staff (property management and social services) with written job descriptions and give tenants information about who does what.
- Use staff evaluations to inform staff if they are meeting the expectations of the role or if there are areas that can be improved upon.

★ **Develop Communication Structures**
- Decide who needs to know what types of information and develop meetings, log books, and an e-mail system to give people the information in the most timely manner possible.

UNDERSTANDING THE IMPACT OF HOMELESSNESS: ISSUES IN THE FIRST YEAR OF A SUPPORTIVE RESIDENCE

The profound and far-reaching impact of the homeless experience cannot be underestimated if supportive housing providers are to fully appreciate the service needs of the people they house. This handout outlines some common reactions to being without a home and implications for service providers.

LOSSES

Homeless people risk losing everything that made the world a safe, predictable and ordered place. Some of these losses include:

- Loss of power
- Loss of self-esteem and identity
- Loss of connection to people
- Loss of possessions
- Loss of routine
- Loss of control over their lives
- Loss of pride
- Loss of support network
- Lack of privacy, nutrition, sleep

FEELINGS	BEHAVIORS
Fear	Protective, Hoarding
Uncertain	Guarded
Guilty/shame	Self-destructive
Shameful	Isolated
Angry	Lashing out
Frustrated	Needy/demanding
Stigmatized	Sick
Worthless	Unmotivated/unproductive

OUR ROLE AS STAFF IS TO:

- Build trusting relationships
- Provide a safe, predictable environment
- Accept people as they are
- Offer choices whenever possible
- Empower people to make decisions about their homes
- Support each person's individual goals
- Give people many opportunities to succeed, recover and grow

PSYCHIATRIC DECOMPENSATION AND RELAPSE

The term "decompensation" means a breakdown or failure in a person's defense system. In general, when we use the term "decompensation," we are referring to a decrease in functioning. A "decompensation" does not always indicate that a crisis will occur, but if we do not address it, it may escalate into a crisis situation. In assessing for a "decompensation" of any nature, it is optimal to know what a person's **"normal"** or **baseline level of functioning** is.

WARNING SIGNS of DECOMPENSATION

CHANGES IN NORMAL ROUTINE:

- ❑ Sleeping
- ❑ Eating (too much, too little)
- ❑ Changes in ADLs (body or living space)
- ❑ Medication non-compliance

BEHAVIOR CHANGES:

- ❑ Isolation
- ❑ Agitation
- ❑ Paranoia
- ❑ Depression
- ❑ Mania
- ❑ Increase or change in hallucinations (louder, more frequent, becoming more negative in content, etc.)
- ❑ Resident refuses treatment for physical illness or injury or psychiatric condition.

The earlier we can identify the beginnings of a potential decompensation, the more likely we can avoid an acute emergency situation.

RELAPSE

Relapse usually refers to a move away from an achieved level of abstinence from alcohol or drug use. With addictions, relapse is the rule rather than the exception. Feeling happy or sad can trigger relapse. All the feelings associated with moving to a new home can trigger relapse.

Relapse can be seen as an opportunity for learning. All that has been gained is not lost. How a relapse is handled can determine the outcome. Be sure not to assign blame or shame but rather normalize the process and educate the person.

COMMON SIGNS OF RELAPSE

BEHAVIORAL SIGNS — Signs can include changes in eating, sleeping patterns and drug dreams. Often times, people start missing appointments with worker or outside medical appointments. They may stop attending program and groups.

FEELINGS/MOOD — For some people, changes can include shifts in impulse control, agitation and frustration. Often, a person will become bored or self-doubting and isolate from staff and support systems. Others may increase bravado and become cocky.

THOUGHTS — Feelings of "I deserve a break" and "This is worse (sobriety)!" It is important to remember that tenants, especially those who have not adequately grieved their loss of addiction, can ease back using this thinking. Sobriety is difficult. Recognizing that relapse is a part of the stages of addiction, it is easy to see why a tenant may use this rationalization to pick up. Other thoughts might include, "Maybe moderation is okay," "What's the point?", "I wish I could have fun.", etc.

Staff needs to be trained in how to work with the issue of substance use. Teaching and discussing with residents about these relapse cues is an important intervention. Each person will have their own unique cues to watch for and develop strategies for addressing. The key is to be aware of changes so we can take action to avoid a relapse.

Note: Not all changes are due to relapse. There may be changes due to other circumstances or decompensation. A positive therapeutic relationship is important as it allows the worker to know the person well enough to assess the situation.

HOUSING SKILLS & SUPPORTS CHECKLIST

The following skills are necessary, to different degrees depending upon the housing model, for living in the community. This checklist can be used by housing placement staff to help assess housing needs as well as by housing providers. Use checks to represent the level of assistance needed:

✔ = almost never needs assistance
✔✔ = sometimes needs assistance
✔✔✔ = almost always needs assistance

❏ ❏ ❏ Money Management Skills and Ability to Pay Rent (keep up with entitlement/benefits paperwork, cash checks, budget)

❏ ❏ ❏ Personal Hygiene Skills (bathing, washing clothes, buying and using toiletries, dress appropriate to weather)

❏ ❏ ❏ Travel Skills (use public transportation, follow directions)

❏ ❏ ❏ Social Skills (sensitivity to and respect for the needs and rights of others, conflict-management skills, ability to maintain positive relationships)

❏ ❏ ❏ Social Supports (connections to family and significant others, needs for interaction/time alone)

❏ ❏ ❏ Awareness of Service Needs and Ability to Seek and Accept Help

❏ ❏ ❏ Communication Skills (able to make needs known, ask for clarification when not clear about what others have said)

❏ ❏ ❏ Ability to Manage Health & Psychiatric Care (make and keep appointments, manage Medicaid or health insurance paperwork requirements, take medication as prescribed, advocate and communicate with doctors)

❏ ❏ ❏ Shopping and Cooking Skills (able to obtain meals by buying or cooking food, store food properly)

❏ ❏ ❏ Housekeeping Skills (able to clean space, wash sheets, remove garbage regularly, keep out mice & insects, remove excess clutter, maintain plumbing, i.e. — remove hairs from drain, keep large items out of toilet, etc.)

❏ ❏ ❏ Awareness of Substance Use, Relapse Patterns, and Consequences of Use (disruptive behavior, deteriorated health, inability to work, relapse triggers, support network)

❏ ❏ ❏ Ability to Follow House Rules (refrain from violence, wear appropriate clothing in common spaces, keep noise down during hours of sleep)

❏ ❏ ❏ Ability to Pursue Self-Identified Goals (planning, prioritizing, and accessing needed resources, problem-solving and negotiation skills)

SUPPORTS NEEDED IN HOUSING

The primary goals of most supportive programs are to help residents maintain their housing and maximize their capacity for independent living. Supportive services focus on helping residents meet the obligation of their lease or occupancy agreements and develop the skills to live stably in the community. Services in supportive housing are meant to be flexible and adjust to the changing needs of residents rather than residents adjusting to fit into the supportive service program, and may include:

- ➢ Assistance with Budgeting and Paying Rent
- ➢ Access to Employment
- ➢ Resident Involvement in the Ongoing Development of Community, Including House Rules and Services Offered
- ➢ Medication Monitoring and Management
- ➢ Daily Living Skills Training or Assistance
- ➢ Medical and Health Services
- ➢ Counseling and Support in Achieving Self-Identified Goals
- ➢ Assistance in Meeting Lease Obligations and Complying with House Rules
- ➢ Referrals to Other Services or Programs
- ➢ Conflict-Resolution Training
- ➢ Substance Abuse Counseling
- ➢ Entitlement Advocacy
- ➢ Community Building

Many programs have integrated communities, meaning that some tenants may be designated as having special needs while others are not. The on-site supportive services are usually available to all tenants regardless of whether they have been designated as having special needs.

ENGAGEMENT STRATEGIES

CREATE THE PROPER ENVIRONMENT

- ✓ Make people feel comfortable and offer private spaces for talking
- ✓ Meeting areas should be clean, well lit, and not too noisy
- ✓ Remember this is where people live, it should not appear institutional

RESPECT, ACCEPT AND SUPPORT PEOPLE

- ✓ Always address residents by name
- ✓ Be friendly and use eye contact when talking
- ✓ Be responsive to residents' requests
- ✓ Don't turn people off by lecturing, demanding or being too analytical

DEVELOP ACTIVE LISTENING SKILLS

- ✓ Focus attention on the speaker
- ✓ Tune into the speaker's feelings
- ✓ Avoid roadblocks to listening
- ✓ Reflect back what is heard
- ✓ Ask clarifying questions and explore for meaning

LET THE RESIDENT'S GOALS DRIVE THE SERVICES

- ✓ All services should help the person reach his/her intended goal
- ✓ Remember, there is no such thing as a "wrong" goal
- ✓ Reinforce all achievements along the way
- ✓ If a resident hasn't reached a goal in a realistic time frame, it should be viewed as a problem with the goal or the steps toward it, not with the person.
- ✓ Outline obstacles toward the goal and list them as steps in the process

OFFER CHOICES WHENEVER POSSIBLE

- ✓ Engage people in choices about their lives and their homes
- ✓ Encourage tenants to make choices about rules, common spaces, etc.
- ✓ Establish committees or project work groups made up of both staff and tenants

BE CONSISTENT WITH REPEATED, PREDICTABLE PATTERNS OF INTERACTION

- ✓ This can be especially helpful with mentally ill tenants
- ✓ If a tenant does not want to talk and asks you to leave, remain polite, say goodbye, and let him/her know when you will return

ENGAGEMENT SHOULD BE NON-THREATENING

- ✓ Do not choose controversial topics during initial engagement attempts
- ✓ Do not agree or disagree with delusional content when working with mentally ill residents; instead look for a shared reality

---

CASE EXAMPLES: REACTIONS TO MOVE IN

Assess what might be going on for this person. What else do you want to know? How might you engage them? What assistance might you offer?

1. Margaret moved from the shelter after being there for nine months. She had been described as an outgoing person who enjoyed participating in groups and activities. After moving into the permanent residence, she said she'd prefer if staff did not disturb her and she was rarely seen out of her room.

2. Bob had been working part-time in a bookstore for almost a full year before moving into the residence. A few weeks after moving in, he stopped showering or changing his clothes, which was unusual behavior for him. He continued to go to his job disheveled and smelling badly.

3. Diane moved into the residence and immediately became involved in almost every activity offered. She began to organize her own tenant's meeting in addition to heading up committees for gardening and the on-site library. She even found time to volunteer to organize the computer lab.

4. Ed has been in and out of shelters for the past 14 years. He worked hard to get into this permanent residence, and everyone who knew him was shocked when he left his room and was found sleeping on a bench in the park a couple of months later. All Ed would say is that "It didn't work out like I'd planned."

5. Nothing seems acceptable to Betty. She was given a full set of new, recently donated, beautiful Laura Ashley sheets and curtains for her room, and her only response was that they had not been the color scheme she'd planned for. It seemed to be the last straw for her caseworker, who felt very angry.

6. Tom has a history of drug addiction but has been sober for six years in the shelter. After moving in, his personality changed, and staff suspects he might have picked up.

SUPPORTIVE SERVICES PLANNING WORKSHEET
Menu of Services Available to Residents

This worksheet can help providers consider options for the types of services they will provide. Indicate which services will be available to residents, whether they will be on-site or off-site, and who will provide the services.

1. General Supportive Services	**On-Site**	**Off-site**
	Who Provides?	
a. New tenant orientation/move-in assistance		
b. Tenant's rights education/tenants council		
c. Case management or service coordination		
d. Psychosocial assessment		
e. Individualized service planning		
f. Individual counseling and support		
g. Referrals to other services and programs		
h. Crisis intervention		
i. Peer mentoring		
j. Support groups (list below)		
k. Recreational/socialization opportunities		
l. Legal assistance		
m. Transportation		
n. Nutritional services		
o. Meals		
p. Art/Music therapy		
q. Emergency financial assistance (specify below)		
r. Furnished units		
s. Other (specify):		

2. Independent Living Skills	**On-Site**	**Off-site**
	Who Provides?	
a. Communication skills		
b. Conflict resolution/mediation training		
c. Personal financial management and budgeting		
d. Credit counseling		
e. Representative payee		
f. Entitlement assistance/benefits counseling		
g. Training in cooking/meal preparation		
h. Training in personal hygiene and self-care		
i. Training in housekeeping		
j. Training in use of public transportation		
k. Assistance with activities of daily living		
l. Other (specify):		

3. Health/Medical Services	**On-Site**	**Off-site**
	Who Provides?	
a. Routine medical care		
b. Medication management or monitoring		
c. Health and wellness education		
d. Nursing/Visiting nurse care		
e. Home health aide services		
f. Personal care		
g. HIV/AIDS services		
h. Pain management		
i. Other (specify):		

4. Mental Health Services	**On-Site**	**Off-site**
	Who Provides?	
a. Individual psychosocial assessment		
b. Individual counseling		
c. Group therapy		
d. Support groups (specify below)		
e. Peer mentoring/support (describe below)		
f. Medication management/monitoring (specify below)		
g. Education about mental illness		
h. Education about psychotropic medication		
i. Psychiatric services (specify below)		
j. Liaison with Psychiatrist (describe)		
k. Psychiatric Nurse		
l. Other (describe):		

5. Substance Abuse Services	**On-Site**	**Off-site**
	Who Provides?	
a. Recovery readiness services (residents with active addictions)		
b. Relapse prevention and recovery planning		
c. Substance abuse counseling (individual)		
d. Substance abuse counseling (group)		
e. Methadone maintenance		
f. Harm-reduction services (specify)		
g. AA/NA/CA		
h. Sober recreational activities		
i. Other substance abuse services (specify):		

6. Vocational Services	On-Site	Off-site
	Who Provides?	
a. Job skills training		
b. Education		
c. Job readiness training – resumes, interviewing skills		
d. Job retention services – support, coaching		
e. Job development/job placement services		
f. On-site employment (describe)		
g. Opportunities for tenants to volunteer		
h. Other vocational services (specify):		

7. Services for Families	On-Site	Off-site
	Who Provides?	
a. Support group for parents		
b. Support group for children		
c. Support group for families		
d. Parenting classes		
e. Classes on child development		
f. Childcare or daycare		
g. After school care		
h. Childcare or daycare resident cooperative		
i. Children's services (specify)		
j. Domestic violence services		
k. Childcare in the event of parent illness/hospitalization/detox		
l. Family advocacy (specify)		
m. Family reunification (specify)		
n. Assistance with accessing services for children (specify)		
o. Assistance with accessing entitlements		
p. Other (specify):		

Notes: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

SUPPORTIVE HOUSING PROJECT DESIGN:
Program Goal Considerations

Developing program goals and a philosophy of service delivery are key steps in the design of a successful supportive housing program. Program goals provide a focus for the work and drive every aspect of program design, including the staff hired, the residents accepted and the services offered. Goals should be discussed and understood by all staff and compatible with the overall agency mission.

THE PURPOSE OF COMBINING SERVICES WITH HOUSING

Services are generally offered to help people meet the obligations of tenancy so that they may permanently live in safe, affordable housing.
More specific goals include:

➢ Assisting in Increasing Residents' Skills
➢ Improve Residents' Health
➢ Increase Residents' Stability
➢ Increase Residents' Income
➢ Increase Residents' Socialization Opportunities
➢ Assist in Beginning or Maintaining Recovery from Chemical Addictions
➢ Reduce the Symptoms Associated with Mental Illness
➢ Increase Access to, and use of, Community Based Services
➢ Reunite Families

CONDITIONS OF RESIDENCY AND PROJECT GOALS

Consideration should be given to the following conditions of residency:

➢ Sobriety Requirements
➢ Lease Agreement
➢ Length of Stay (permanent, transitional, restrictions)
➢ Sharing of Units
➢ Tenant Involvement
➢ Participation in Services

TRANSLATING GOALS INTO SERVICES

A crucial and often overlooked aspect of program goal development involves discussing how goals affect the day-to-day services that will be offered. The example below illustrates how an agreed upon goal might be interpreted differently.

Goal: We will provide services that will help each resident reach his/her maximum level of independence.
Interpretation A: *We will avoid services that infantalize tenants. These include things like helping people get to appointments, managing medications, knocking on doors to check on people we haven't seen in a while. If people want services, they'll come to us.*
Interpretation B: *Some people won't achieve any level of independence or stability without the types of assistance mentioned. Therefore, we have an obligation to provide those services if we are to meet our goal.*

TRANSLATING GOALS INTO SERVICES: PRACTICE EXERCISE

- **What does the goal mean?**
- **Once you have clarified the meaning, suggest interventions that would meet the goal.**
- **Suggest how goals might be re-worded for clarification.**

1. One goal is to provide services and create an environment that fosters health and sobriety.

2. Our employment services and jobs are designed to meet a wide range of skill levels, needs and interests, and are available to all tenants.

3. We strive to maximize resident choice in all aspects of our program.

4. Our goal is to serve everyone who could benefit from our housing and services. We will accept all applicants to our housing as long as they are committed to improving the quality of their lives.

5. This is a sober residence and drinking and drugging will not be allowed.

6. Service staff will assist tenants in reaching their self-identified goals.

7. Our building houses a mixed tenancy, and people with special needs will participate in groups and activities alongside low-income working people and others without identified special needs.

8. Our goal is to involve tenants in planning and evaluating the service program.

DEVELOPING A POLICIES AND PROCEDURES MANUAL
A Guideline for Supportive Housing Providers

Having clear policies and procedures in place helps supportive residences run smoothly. A policy manual provides support and guidance for staff so they know what to do as well as where and when to call for support. Many programs have three different manuals: A **Welcome/Orientation Guide for Tenants**, a **Personnel Policies and Procedures Manual for staff** and a **Building Operating/Program Policies and Procedures Manual for Staff**. Policies and Procedures Manual should include: who does what, when or how often is it done, how it is done (in writing, in a meeting, etc.), what resources are available (staff on call, logbooks), all relevant forms.

WHAT TO INCLUDE IN A PROGRAM OPERATIONS POLICIES AND PROCEDURES MANUAL

Introduction
- ❑ Introduction
- ❑ Agency Overview and Mission
- ❑ Program Description and Goals

Organizational Chart
- ❑ Organizational Chart
- ❑ Job Descriptions

Admission and Discharge Policies
- ❑ Tenant Selection Processes
- ❑ Eviction Processes

Building Management Policies
- ❑ Rent Collection
- ❑ Room Inspections
- ❑ Repairs and Maintenance
- ❑ Lease Violations
- ❑ Health and Safety Violations
- ❑ Front Desk Responsibilities
- ❑ Building Security and Visitor Policies

Social Service Policies
- ❑ Program policies (i.e., medication management, budgeting assistance, representative payee, referrals, etc.)
- ❑ Service Documentation Policy
- ❑ Confidentiality Policy
- ❑ Fraternization Policy
- ❑ Miscellaneous operations: Car Policy, Petty Cash, etc.

Emergency Policies and Procedures
- Psychiatric/Medical
- Accidents and Death
- On-Call Phone Numbers, Emergency Contacts and Resources

Fire Safety Policy
- Fire Prevention and Inspection Policy

Grievance Policies
- Informal Tenant Grievance Policy
- Formal Tenant Grievance Policy
- Dispute Resolution Services

Child Abuse and Neglect Reporting
- Criteria for Identifying Incident of Abuse or Neglect
- Child Abuse and Neglect Reporting

Incident Review Policies
- Investigating an Incident
- Writing and Filing Incident Reports

Medical Policies
- Medication Storage
- Monitoring Medications

WHAT TO INCLUDE IN A TENANT-WELCOME/ORIENTATION GUIDE

Introduction
- Agency Overview
- Program Description and Goals
- Organizational Chart and Job Descriptions

Building Procedures
- Requesting Repairs
- Mail/Phone messages
- Garbage Disposal
- Apartment Care
- Lost Keys
- Move-in and Security Deposit
- Furniture and Liability for Damage
- Apartment Inspection

House Rules and Consequences
- Noise
- Illegal Activities
- Health and Safety Violations
- Smoking
- Evictions and Holdovers

Rent Collection
- Procedures for collection
- Rent arrears and payment

Facilities
- Laundry Room, Dining Room, Activity Rooms, Garden/Outdoor Space
- Phones (using public phones, installing room phones, taking messages)
- Mail Room
- Storage
- Garbage Pick Up

Grievance Procedures
- Formal Grievances
- Dispute Resolution Services

Security
- Visitor/Guest Policies

Social Services
- Description of Services Available
- Hours of Program and How to Access Services

Tenant Council
- Purpose and Goals
- How to Become Involved

SAMPLE CORE HOUSE RULES FOR SUPPORTIVE HOUSING

Welcome to (Organization Name). These House Rules were created to provide a safe and pleasant environment for you to live in and to ensure that your rights are respected and maintained. The following is an annex to your lease. Tenants must comply with the House Rules and with any changes adopted in the future as a condition of the lease agreement. Violations will be considered a breach of the lease. (Organization Name) will give Tenants notice in writing of any changes adopted. This document should be signed at the same time the lease agreement is signed.

TENANT CONDUCT: Tenants must not engage in conduct which interferes with the rights of other Tenants to enjoy their apartments properly and peacefully or cause conditions that are dangerous, hazardous, threatening, unsanitary or otherwise harmful to other tenants in the building. Verbal threats or abusive behavior are not allowed. No weapons, fights or violence are allowed. In consideration of other Tenants, loud or disturbing noises (e.g., loud radio, TV) are not allowed before 10:00 a.m. or after 11:00 p.m.

ILLEGAL ACTIVITIES: The use, selling or possession of illegal drugs, gambling, prostitution and other illegal activities are strictly prohibited and will be reported to the police.

ALCOHOLIC BEVERAGES: No alcoholic beverages are to be consumed in any public or common areas.

SMOKING: In compliance with smoking laws and regulations, smoking is prohibited in all common areas except for ones designated smoking areas.

PROPERTY DAMAGE: Behavior that results in damage to property or furniture is prohibited. Damage caused by the behavior of a Tenant, or a Tenant's guest, will be repaired at the Tenant's expense.

KEYS AND ACCESS TO APARTMENT: Tenants may not alter or install a new or modified lock on any door or window. One apartment key, one mail key and one grounds key will be given to each Tenant. It is the Tenant's responsibility to return these keys at move out. There will be a $10 replacement charge per each key lost or not returned at move-out.

APARTMENT REPAIRS & MAINTENANCE
Tenants should report all repairs needed in the log at the front desk. Tenants are responsible for maintaining a sanitary and hazard-free apartment. Inspections by management are done on a yearly basis.

VISITOR POLICY: Tenants will be notified by the front desk of their guests and are expected to meet their guests at the front desk. All guests must register at the front desk. No guest will be permitted to stay in the building, including within a tenant's apartment, unless accompanied by a Tenant. Tenants are fully responsible for the actions and behavior of their guests while the guests are anywhere in the building or grounds. Tenant's guests are required to observe the House Rules. Management reserves the right to ban non-compliant guests and visitors who present a risk to the safety and well-being of residents and staff from entering the building at any time.

OVERNIGHT GUESTS

A guest is considered an "overnight" guest if they remain in the building beyond 12:00 a.m. Tenants are limited to two overnight guests per week. Front desk logs are reviewed by Management regularly. Tenants may submit a written request of special consideration for extended overnight guests to management.

I have read the above annex to my lease and I am in agreement with the House Rules of the building.

_____
Tenant Name (print)

_____   _____
Tenant Signature   *Date*

_____   _____
Management Signature   *Date*

TIPS FOR DESIGNING HOUSE RULES IN SUPPORTIVE HOUSING

House rules are vital in providing a safe environment and ensuring tenants rights are respected and maintained. In most cases, the house rules can be used as an annex to the lease. Tenants must comply with the house rules and with any changes adopted in the future as a condition of the lease agreement. Violations will be considered a breach of the lease.

PURPOSE OF THE HOUSE RULES: When designing house rules, consider the intent behind the rule. Rules should have a clear purpose that should be understood by the community. Divisions are created within the community when rules are perceived to be for the convenience or benefit of a few.

ENFORCEABILITY: How the rules will be enforced and the process for enforcing them is key. Consistency is necessary when enforcing rules in a building. Rules that cannot be uniformly enforced should be excluded from the list. If it is discovered that a rule is not enforceable, consider other ways the same idea might be encouraged voluntarily.

LESS IS MORE: Having a few enforceable rules is far more effective than pages of rules which cannot be enforced or even effectively communicated.

TENANT INPUT: Experience has shown that there are several advantages to having tenants participate in developing the rules of their building. Tenants are then more likely to incorporate them into practice and to remind others to do the same. Rules can both reflect and help influence the culture and norms of a building. The process of tenants and staff meeting to discuss house rules can be beneficial for community building and have therapeutic outcomes for tenants with special needs.

DEVELOPMENT: Rules can and should be changed to meet the needs of the tenants living in the building. It is essential to create a structure and a process to review and revise rules. Having a process in place for residents to file grievances and to appeal sanctions for rules violations ensures that the rights of residents are protected and that residents are confident that rules are fairly enforced.

TIPS FOR STARTING A HOUSE RULES COMMITTEE

- Define the purpose of the House Rules Committee in relation to your program mission.

- Discuss the process of involving residents in designing house rules with staff and allow an opportunity to question things such as: the clinical value of the process, the possible lack of staff expertise in this area, and the significant time commitment required to create an effective process.

- Don't be too cautious in getting started. Allow resident partners to help you to define the process.

- Create a flyer, translated into all relevant languages spoken by residents, stating the purpose of the Committee.

- Talk it up! Make sure that each resident feels personally invited and that their input is welcome. Encourage people who have expressed dissatisfaction with house rules to attend.

- Invite the chairs of existing committees, groups or resident associations. Some examples may be a beautification committee, reading club or recovery group.

- Offer refreshments at meetings whenever possible.

- Monitor the demographic composition of the first meeting. Are all racial, ethnic, genders, etc. represented? If not, discuss outreach efforts to diversify the group.

- Keep meetings focused on both the product (reviewing house rules) and the process (involving residents in making decisions about their homes).

- Identify which rules are not negotiable and why.

TENANT SELECTION CONSIDERATIONS

Developing an effective intake process is one of the most important aspects of operating a successful supportive residence. Providers will want to give careful consideration to who will be living in the residence and what their service needs will be. The purpose of the intake process is to insure that the program can provide the prospective tenant with what he or she needs in order to maintain housing.

Intake procedures, forms and questions should be discussed with your attorney.

OUTREACH
- Sources for potential tenants (list contact and phone numbers for hospitals, shelters, transitional facilities)
- Develop public relation materials describing the housing, neighborhood, services and tenancy
- Conduct presentations to introduce the community and potential tenants to the housing

CRITERIA
What expectations do you have of residents in this building regarding:
- Lease agreement
- Allow others peaceful enjoyment
- Health/safety hazards
- Criminal history
- Rent payment
- Compliance with house rules
- Use of substances (legal, illegal)
- What is the profile of the resident you think best matches this residence?

PROTOCOL
- Steps in the interview process (including number of interviews)
- Schedule of process (time from interview to final decision or move-in)
- Will a waiting list be compiled?
- Form letters for 1) confirmation of received applications, 2) steps in the process, 3) rejection or acceptance and 4) the appeal process

UNIT SELECTION
- Plan for how units will be assigned
- Do residents have unit selection choices?
- Will physically frail residents be given special accommodations (example — housed on first floor in case of elevator break down)

INTERVIEWS
- Determine purpose of each interview
- Interviewing techniques & questions
- Roles of people involved in each interview
- Who holds final decision-making power?
- Forms for summarizing interview information

APPLICATION FORMS
- Application
- Employment verification
- Income verification
- References
- Housing history
- Housekeeping
- Work/School
- Transportation

REASONS FOR REJECTION
Some of these items might be classified as "red flags," and would immediately disqualify a candidate. Other items may be a signal to probe deeper to find out more details about the incident or event.
- Credit problems
- Eviction history
- Criminal acts (fire setting, violence, use of weapons, pedophilia)
- Failure to pay rent
- Health/Safety risk

MOVE-IN PAPERWORK
- Lease
- House Rules

TENANT ORIENTATION
Moving is an unsettling experience for us all. Anything that can help people feel welcome and help ease the transition will be greatly appreciated. An orientation package might include:
- Map of the neighborhood and public transportation
- Information about services and events in the building
- Information about where and when to pay rent, get mail, check messages, file work orders, etc.
- A tenant "buddy" assignment to help answer questions
- A walking tour of the building and/or neighborhood
- A welcome package with household supplies

| **TENANT SELECTION:** |
| **Interview and Assessment Areas** |

Following is a list of suggested questions for the housing intake interview. To help put applicants at ease, know up front the kinds of questions you will be asking, the length of time they will be interviewed, and the process for making decisions. The interviewer should introduce him/herself, the agency, and describe the residence (size, supports, neighborhood, rules). Use open-ended questions that allow for more descriptive answers. The purpose of the intake process is to ensure that the services offered match the tenant's needs.

Check with your lawyer regarding questions and Fair Housing regulations. It is generally advised that all applicants be asked the same questions.

Housing History
   ✓ If homeless, where was the last place you lived?
   ✓ What precipitated the current episode of homelessness/need for housing?
   ✓ Is there a pattern and can the applicant identify it as such?
   ✓ What past housing situations worked well/didn't work for you?
   ✓ What was it about these situations that helped/hindered your ability to remain housed?

Medical/Psychiatric History
   ✓ Do you have any medical conditions?
   ✓ History of any problems?
   ✓ Are you seeing a doctor?
   ✓ Taking medications?
   ✓ If yes, what does it do for you (positive and negative)?
   ✓ Does anyone remind you to keep appointments or take meds?
   ✓ Do you need/are you willing to accept assistance managing your meds?
   ✓ Are you seeing a psychiatrist?
   ✓ Have you in the past?

History of Violence
   ✓ What were the specific circumstances surrounding this event? (i.e., suicide attempts, homicide, violence or fire setting, etc.)
   ✓ Have you had any treatment since this incident?
   ✓ How do you understand these events as you look back on them?

Support Network/Leisure Activities
   ✓ Do you have contact with friends or family? How often?
   ✓ What do you do during the day?
   ✓ Are there things you'd like to do that we could help with?
   ✓ Mention groups or activities in the building and get ideas of areas of interest

Finances
- ✓ What is your source of income? Amount?
- ✓ Do you cash your own checks?
- ✓ Do you or have you had a representative payee?
- ✓ Explain any past problems paying rent
- ✓ Do you usually have enough money to last through the month? If not, when do you typically run out?
- ✓ Do you want/would you accept assistance budgeting your money?
- ✓ Has anyone ever suggested this might be helpful to you?

Education/Employment
- ✓ What is the highest grade attended?
- ✓ What are your educational/vocational goals?
- ✓ Would you like assistance in this area?
- ✓ What are your job skills?
- ✓ Mention any GED classes, scholarship programs, etc. associated with the program

ADL Skills
- ✓ How do you keep your personal space?
- ✓ Do you cook for yourself? Typical menu? Do you enjoy cooking?
- ✓ How often do you shower?
- ✓ Are you comfortable shopping for yourself?
- ✓ Can you carry bags/manage transportation/walk?

Community Living Skills
- ✓ What would you do if a neighbor played his/her music loudly at night?
- ✓ Would you be interested in attending tenant meetings in order to have input into decisions made about this community?
- ✓ How do you feel about living around people with (describe population in the building and any special needs, such as mental illness, HIV/AIDS, etc.)
- ✓ Describe a conflict you have had with a neighbor; how did you go about resolving it?

COMMON OBSTACLES TO A SMOOTH TENANT SELECTION PROCESS

- **LACK OF CLEAR CRITERIA FOR ACCEPTANCE AND REJECTION**

- **LACK OF CLARITY REGARDING PROGRAM GOALS**

- **INTERVIEWING TOO EARLY IN THE PROCESS** (this can result in an outdated/useless waiting list if people have secured other housing while waiting)

- **RENTING UP VERY QUICKLY** (this problem is sometimes unavoidable as it is required by funding sources or for tax credit purposes)

- **TENSIONS BETWEEN PROPERTY MANAGEMENT AND SOCIAL SERVICES REGARDING THE INTAKE PROCESS, DECISION-MAKING POWER AND/OR TENANT SELECTION**

- **STAFF ILL PREPARED FOR RESIDENT BEHAVIORS ASSOCIATED WITH MOVE-IN (often a direct result of the increased stress caused by moving):**
  - ◆ Substance Abuse Relapse
  - ◆ Mental Health Decompensation
  - ◆ Acting Out & Testing Behaviors
  - ◆ Increased Deaths
  - ◆ Medical Complications (e.g., increased blood pressure, heart disturbances)

- **INSUFFICIENT OUTREACH TO REFERRAL SOURCES**

- **OVERLY COMPLCIATED INTAKE PROCESS** (this sometimes keeps referral sources away, particularly if they cannot figure out what information to send or the time frame for hearing a response)

- **LACK OF STAFF TRAINING IN CONDUCTING EFFICIENT INTERVIEWS**

CASE STUDIES: TENANT SELECTION/INTAKE

Read the following cases and discuss:

- ❑ **What is the problem?**
- ❑ **Who should intervene/decide a course of action?**
- ❑ **What are possible solutions?**
- ❑ **Are there policies or procedures which could be developed to clarify the situation?**

1. Bob is a pleasant young man who breezed through his interviews with social service and property management staff. The final interview, with two tenants, did not go so well. One of the tenants recognized Bob as a dealer from his old neighborhood. The tenant gives you this information.

2. A certain shelter has referred most of the tenants you've accepted into your residence. During the six months since you have been open, the shelter has consistently been honest and referred good candidates. You recently accepted a mentally ill woman who tried to commit suicide within her first week of moving in. You called the shelter, and they mentioned information about several such attempts in the past that they had not given you. The attempts were related to the anniversary of her mother's death.

3. Several staff members have been disagreeing about the legality of interview questions your program asks of potential residents. Some staff think it is against fair housing laws to ask anything about residents mental health or substance abuse histories. Other staff think that such questions are necessary in order to determine whether or not the program can accommodate the residents' special needs.

4. A staff meeting discussion leads to the fairness of the intake interview. The majority of staff think the process is too subjective and that decisions vary depending on the interviewer. Different staff members have different interview styles and different ideas of what it will take to succeed in this housing.

5. You have been assigned to do outreach in several shelters and hospitals to form a list of potential interviewees for your supportive residence. After hearing that overnight guests will not be allowed and that tenants are expected to participate in a program as a condition of residency, you find few people interested in the housing.

SUPPORTIVE SERVICES PLANNING WORKSHEET
SERVICE APPROACH AND STAFFING PATTERNS

A. Service Delivery Approach

1. Participation in Services

❑ **a.** Participation in services will not be a condition of residency

❑ **b.** Residents will be strongly encouraged to participate in services

❑ **c.** Residents will be required to participate in services in order to receive certain benefits in the residence (specify)_____

❑ **d.** Residents will be required to participate in services as a condition of residency

❑ **e.** Residents will be required to participate in services under certain circumstances (specify)_____

_____

_____

2. Indicate how staff will make themselves available to residents. For the purposes of this section, home visit can denote both single and scattered site housing, but the term "on-site" refers to single site or clustered housing.

( ) Service staff will be on-site 24 hours/day
( ) Service staff will be on-site some hours/day (indicate hours and days) _____
( ) Service staff will be located at a centralized office, off-site
( ) Service staff will be on-call 24 hours per day
( ) Service staff will meet with residents in their homes
( ) Maximum frequency of contact the program can accommodate _____
( ) Minimum frequency of contact the program can accommodate _____
( ) Service staff will see participants in their office
( ) Other (describe) _____

3. Indicate how residents will access services.

( ) Service staff/participant interaction will be flexible, based on need
( ) Service staff will be available by appointment only
( ) Service staff will have walk-in hours (describe) _____
( ) Residents will be able to make appointments with staff
( ) Other (describe) _____

B. Staffing Patterns

Briefly define the job function and specific areas of expertise required, the total number of staff for this position, the ratio to program participants, educational requirements and the salary range.

1. **Case Managers**: _____
   _____
   _____
   _____
   Total # of staff needed: _____ Staff ratio to program participants: _____
   Educational requirements: _____ Salary range: _____

2. **Residential Aides**: _____
   _____
   _____
   _____
   Total # of staff needed: _____ Staff ratio to program participants: _____
   Educational requirements: _____ Salary range: _____

3. **Vocational Counselors:** _____
   _____
   _____
   _____
   Total # of staff needed: _____ Staff ratio to program participants: _____
   Educational requirements: _____ Salary range: _____

4. **Job Developers:** _____
   _____
   _____
   _____
   Total # of staff needed: _____ Staff ratio to program participants: _____
   Educational requirements: _____ Salary range: _____

5. **Substance Abuse/MICA Specialists**: _____
   _____
   _____
   _____
   Total # of staff needed: _____ Staff ratio to program participants: _____
   Educational requirements: _____ Salary range: _____

6. **Recreation Specialists:** _____
   _____
   _____
   _____
   Total # of staff needed: _____ Staff ratio to program participants: _____
   Educational requirements: _____ Salary range: _____

7. **ADL Specialists:** _____

_____

_____

_____

Total # of staff needed: _____ Staff ratio to program participants: _____
Educational requirements: _____ Salary range: _____

8. **Peer Counselors:** _____

_____

_____

_____

Total # of staff needed: _____ Staff ratio to program participants: _____
Educational requirements: _____ Salary range: _____

9. **Supervisors/Team Leaders:** _____

_____

_____

_____

Total # of staff needed: _____ Staff ratio to program participants: _____
Educational requirements: _____ Salary range: _____

10. **Other (_____):** _____

_____

_____

_____

Total # of staff needed: _____ Staff ratio to program participants: _____
Educational requirements: _____ Salary range: _____

11. **Other (_____):** _____

_____

_____

_____

Total # of staff needed: _____ Staff Ratio to program participants: _____
Educational requirements: _____ Salary range: _____

12. **Other (_____):** _____

_____

_____

_____

Total # of staff needed: _____ Staff Ratio to program participants: _____
Educational requirements: _____ Salary range: _____

Check additional requirements for staff:
( ) Bi/Multi-lingual (list languages) _____
( ) Drivers license
( ) Computer literate
( ) Expertise in specialized areas, such as domestic violence (list) _____

_____
( ) Emphasis on hiring consumers or persons who have experienced homelessness
( ) Other _____

STEPS TO DEVELOPING EFFECTIVE COMMUNICTION STRUCTURES

CONSIDER WHO NEEDS WHAT INFORMATION

A common mistake made in the early stages of developing supportive residences is to invite *all* staff to *all* meetings. Time spent deciding exactly who needs what information, and how they might best get this information, is time well spent. It can be helpful to draw diagrams illustrating which groups will convene for which purposes. The next step is to fill in staff names and positions detailing who will attend these meetings. Give careful thought to whom must attend each meeting. If someone is working on something else, is it mandatory that they be interrupted or is it more beneficial to relay information back to them?

Tips for keeping the group small:

- ✓ Solicit input from some people in writing rather than request attendance
- ✓ Ask people to attend only as much of the meeting as needed
- ✓ Establish sub-committees to work on specific projects

CONSIDER OPTIONS FOR CONVEYING INFORMATION

Meetings can get bogged down with "administrivia." Much of this type of information can be communicated by written memos, voicemail messages or e-mail, saving time in meetings for information that requires discussion. Decide what types of information should be discussed in supervision, small group or large group settings.

ESTABLISH AN AGENDA

Circulate the agenda, specifying start and end time, in advance and ask for contributions. Create standing agenda topics for regularly held meetings.

TIPS FOR RUNNING AN EFFICIENT MEETING

- ✓ Start on time and close the door with or without the full group
- ✓ Set the tone immediately. Review the agenda and schedule
- ✓ Assign roles to increase involvement (facilitator, recorder)
- ✓ Add interest by varying the pace, inviting outside guests and encouraging discussion
- ✓ When complicated issues are on the agenda, introduce ahead of time so people aren't caught off guard
- ✓ Limit the time of outspoken group members
- ✓ Minimize gossip or small chat ("We need to move on now")
- ✓ Summarize decisions made and clarify any vague points before closing
- ✓ Schedule a follow-up meeting before leaving

ANTICIPATE AND PLAN FOR COMMON PROBLEMS THAT ARISE IN THE FIRST YEAR OF OPENING A RESIDENCE

Problems associated with the first year of opening a residence are listed below with suggestions for addressing them.

Lack of Participation Among Tenants
- Ensure tenants have maximum input into decisions about the activities and programs offered
- Offer activities and programs at times that allow all residents, including those who work, to participate

Staff Burn Out
- Supervisors should recognize and plan for staff burnout during the hectic first year, and build-in opportunities for acknowledging the hard work and dedication of staff in public forums
- Staff should provide support for each other. Build in opportunities for staff retreats, socialization and training

Property Management and Social Services Staff Unclear about Roles
- Clarify roles and expectations
- Coordinate the management and services mission and goals
- Develop effective communication structures

Referral Sources Withholding Information about Applicants
- Establish relationships with referral sources prior to interviews
- Visit referring agencies and talk up the program, the type of tenants you are looking for, and what services you will offer to help people keep their housing
- Let referring workers know the importance of getting as much information as possible about applicants in order to be clear of their needs and to best serve them

Staff Confused about What They're Supposed to be Doing
- Revisit the service and housing goals whenever staff is unclear what to do about different situations that arise
- When controversial issues arise regarding services offered, discuss the goal the services are meeting
- Consider removing services that cannot be linked to a specific goal

Police not Responding in a Timely Manner
- Identify a staff and a resident liaison to visit the local precinct
- Discuss the community you are striving to develop within your residence as well as contributions you would like to make to the larger community
- Clarify expectations regarding police services

Frequent Chaos and Crises
- Allot adequate staff time for program planning and do not view this vital task as an "add on"
- Stagger staff schedules as needed to provide coverage over the maximum hours possible and/or hire tenants or outside security
- Maintain clear norms and rules of conduct
- Write procedures for intervening in crisis situations

ISSUES IN THE FIRST YEAR
BIBLIOGRAPHY

Association for the Help of Retarded Children et al: "Supportive Housing for Individuals with Disabilities: Developing Generic Long Term Residential Options." Association for the Help of Retarded Children, Center for Urban Community Services, Corporation for Supportive Housing, and Rubicon Corporation, 2000
This manual is designed to assist social service organizations in developing and maintaining supportive housing. Of particular interest to providers in the first year of opening a residence will be the chapter outlining operational issues in housing.

Allen, M.: "Separate and Unequal: The Struggle of Tenants with Mental Illness to Maintain Housing." *Clearinghouse Review*, November, 720–739, 1996
This article assesses fair housing and tenant's rights law for mental health consumers and challenges advocates to consider options and resources for securing full tenancy rights. The author suggests the need for mental health officials and advocates to work together to make community integration and rights protection central elements of any housing program.

Barnes, Kitty: "A Time to Build Up." Corporation for Supportive Housing, 1998
This is a narrative account of the lessons learned from the first two years of a three-year demonstration project aimed at helping participating agencies build their organizational infrastructure so they are better able to plan, develop and maintain housing with services for people with special needs.

Blake, J.: "The Times Square: A Case Study in Successful Supportive Housing." Development Training Institute, Inc., 1997
This publication looks at the development and operation of a large and innovative supportive housing project in New York City. It covers predevelopment and siting issues, financing, creation of a community, economic development initiatives and the day to day operations of the project, including service provision.

Corporation for Supportive Housing (CSH): "Between the Lines: A Question and Answer Guide on Legal Issues in Supportive Housing — National Edition." (Currently being written). Corporation for Supportive Housing, due 2001
This manual will offer basic information about the laws that pertain to supportive housing and approaches to resolving common dilemmas.

Ford, J., Young, D. Perez, B., Obermeyer, R. and Rohner, D.: "Needs Assessment for Persons with Severe Mental Illness: What Services are Needed for Successful Community Living?" *Community Mental Health Journal*, 28(6): 491–503, 1992
This article presents the results of a survey that asked 90 community mental health agency case managers in Ohio to assess the community support and residential needs of over 1,400 clients. The system-wide survey was conducted to determine what services in addition to traditional case management are most needed by clients to establish and sustain quality of life in the community. Medication monitoring, psychosocial treatment, vocational activities and therapy were rated as priority needs

Goebel, P.R., Levely, D.E.: "Are You Discriminating?" *Journal of Housing*, 145–150, 1989
This journal article discusses the implications of the Fair Housing amendments Act of 1988 for special needs populations and how it impacts national housing practices.

Hough, R., Harmon, S., et al: "Supported Independent Housing: Implementation Issues and Solutions in the San Diego Project." Chapter in *Innovative Programs for the Homeless Mentally Ill*. PA: Gordon and Breach Science Publishers (Unpublished Paper: 40 pages), 1996
This chapter provides a description of the San Diego McKinney Demonstration project and the kinds of implementation issues that were encountered. Issues include the diverse agendas of the collaborating agencies.

Mize, T., Paolo-Calabrese, A. Williams, T., Margolin H.: "Managing the Landlord Role: How Can One Agency Provide Both Rehabilitation Services and Housing with Collaboration?" *Psychiatric Rehabilitation Journal*, 22(2), 117–122, 1998
This journal article emphasizes the importance of understanding and differentiating between the roles and responsibilities of tenant, landlord, consumer and worker. The focus is on the provision of relevant services and not using housing as a lever to force compliance with treatment.

Reynolds, S.: "Not a Solo Act: Creating Successful Partnerships to Develop and Operate Supportive Housing." Corporation for Supportive Housing, 1997
This manual covers an introduction to the development and operation of supportive housing and breaks down the roles of developer and operator into specific tasks. The final chapter offers principles and tools for management of team relationships.

Internet Sites:

Center for Urban Community Services
http://www.cucs.org
Center for Urban Community Services (CUCS) provides a continuum of supportive services for homeless and formerly homeless people, including street outreach, a drop-in center, transitional and permanent housing programs, and vocational and educational programs. Particular emphasis is placed on specialized services for people with mental illness, HIV/AIDS and chemical dependency. This website provides information and links to a variety of resources regarding transitional and permanent housing.

Corporation for Supportive Housing
http://www.csh.org
CSH's mission is to help communities create permanent housing with services to prevent and end homelessness. CSH works through collaborations with private, nonprofit and government partners, and strives to address the needs of tenants of supportive housing. CSH's website includes a Resource Library with downloadable reports, studies, guides and manuals aimed at developing new and better supportive housing; policy and advocacy updates; and a calendar of events.

National Alliance to End Homelessness (NAEH)
http://www.naeh.org
The National Alliance to End Homelessness (NAEH), a nationwide federation of public, private and nonprofit organizations, demonstrates that homelessness can be ended. NAEH offers key facts on homelessness, affordable housing, roots of homelessness, best practice and profiles, publications and resources, fact sheets and comprehensive links to national organizations and government agencies that address homelessness.

National Resource Center on Homelessness and Mental Illness
http://www.prainc.com/nrc/
The National Resource Center on Homelessness and Mental Illness provides technical assistance, identifies and synthesizes knowledge, and disseminates information. Users can be linked to findings from Federal demonstration and Knowledge Development and Application (KDA) projects, research on homelessness and mental illness and information on federal projects.

Wilder Foundation

http://www.wilder.org
This website offers practical guidance for nonprofit agencies, including information on affordable housing, collaborating with partners and community building. Publications can be ordered for a fee with some available to download for free. There are helpful links to other sites.